

## DETAILS

**Conference Logistics:** The Real Voices Real Choices Conference will be held on August 16 – 18, 2015 at Tan-Tar-A Resort and Conference Center. For a list of frequently of asked questions please visit:

<http://dmh.mo.gov/docs/consumersafety/faq.pdf>

**Scholarship Includes:** If you are awarded a scholarship, your registration will be covered. Your registration includes all conference materials and activities, your hotel room on August 16<sup>th</sup> and 17<sup>th</sup> at Tan-Tar-A Resort and Conference Center and four meals. Travel expenses are not included. All other meals and expenses are the responsibility of the scholarship recipient.

**Application Timeline:**

- **Thursday, April 30<sup>th</sup>** – Scholarship application **DUE**. ***No late applications will be accepted.***
- **Tuesday, May 12<sup>th</sup>** – Notification of approval or denial will be sent.
- **Wednesday, June 3<sup>rd</sup>** – If your scholarship application is approved, you are **REQUIRED** to complete a registration form. If the registration form is not received by the due date, your scholarship will be **forfeited**. **Sorry, NO EXCEPTIONS.**

## SCHOLARSHIP ELIGIBILITY

Scholarship funding comes from a variety of sources. Please identify your primary treatment category (*select one*):

- Mental Illness
- Developmental Disabilities
- Addiction Disorders

**Note:** There are a limited number of scholarships available for Consumers, Self-Advocates, Persons in Recovery and Family Members. Submitting a scholarship application does not guarantee acceptance; if awarded, you must still complete registration!

## CONTACT INFORMATION

|                        |                   |                                |
|------------------------|-------------------|--------------------------------|
| <u>First Name:</u>     | <u>Last Name:</u> |                                |
| <u>Street Address:</u> |                   |                                |
| <u>City:</u>           | <u>State:</u>     | <u>Zip Code:</u>               |
| <u>Email Address:</u>  |                   | <u>Phone Number:</u><br>(    ) |

## ADDITIONAL INFORMATION

|  |   |
|--|---|
| Will you be attending with a group? <input type="checkbox"/> Yes <input type="checkbox"/> No           |   |
| <u>Group Name:</u>   |   |
| <u>Name of Group Contact:</u>  | <u>Contact Phone Number:</u><br>(    )    |
| <u>Email Address of Group Contact:</u>   |   |
| Are you sharing a room with another attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <u>Name of roommate (if applicable):</u>   | <u>Roommate's Phone Number:</u><br>(    ) |



**Please print your name:**

**ADDITIONAL INFORMATION (cont.)**

**Why are you interested in attending the conference?**

**How will you use the information you obtain at the conference in your local community?**

If you have additional questions, you may contact the Conference Coordinator, Katie Andrews, by telephone at 573-645-7103 or by emailing [consumerconference@dmh.mo.gov](mailto:consumerconference@dmh.mo.gov).

Forms can be sent via:

**Mail:** Missouri Department of Mental Health  
Attn: Real Voices Real Choices Conference  
1706 E. Elm Street  
Jefferson City, MO 65101

**Fax:** 573-526-7926  
Attn: Real Voices Real Choices Conference

**E-mail:** [consumerconference@dmh.mo.gov](mailto:consumerconference@dmh.mo.gov)

**For up to date information:**

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